

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19						
20						
21						
22	1					
23						
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25						
26						
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28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46	1					
47	1					
48						
49						
50						
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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58						
59						
60						
61						
62						
63						
64						
65	1					
66						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

8
99
207